



Dam Safety Inspection Form

State of Oregon
Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1271
(503) 986-0900

Name of Dam: Ferry Creek Dam File #: F-25
Height: 65 ft. Storage: 167 ac. ft. Permit: R 4720 UNID #: OR- 00432
High Hazard Dam Inspector(s): Mills District: 19
Others on site: Maitland, Major
Date: 9-26-17 Temperature: 80°F ☒ Dry ☐ Rain ☐ Snow ☐ Now ☐ Recently
Prior Inspection Date: 10-4-16 Issues from prior inspection: crest, conduits, control, seismic

Rating Criteria: 5-Exemplary; 4-Adequate 3-Maintenance or minor repair needed

2-Serious repair needed; 1-Urgent dam safety issue - action now - Contact owner and dam safety directly

General		Rating
Vehicle access	<input type="checkbox"/> All weather road <input checked="" type="checkbox"/> Dirt road <input type="checkbox"/> Cross country	3-
Access Control	<input checked="" type="checkbox"/> Gate <input checked="" type="checkbox"/> Locked and secured <input type="checkbox"/> Fencing <input type="checkbox"/> Signage <input type="checkbox"/> Other	4
Detail:		

Reservoir	Pool level: <u>-35</u>	Point of Reference: <input checked="" type="checkbox"/> Crest <input type="checkbox"/> Gage	Rating
Minimum freeboard	Vertical distance from debris line to lowest place on crest <u>2'</u> ft.		2+
Condition	<input type="checkbox"/> Floating Debris/Trash <input type="checkbox"/> Log Boom <input type="checkbox"/> Unusual Conditions (see "Detail")		4
Detail:			

Spillway	<input type="checkbox"/> Earth <input checked="" type="checkbox"/> Rock <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Other	Rating
Capacity	<input checked="" type="checkbox"/> Reduced by feature not on design <input type="checkbox"/> Sized for PMF	2
Approach Channel	<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Trees/brush <input type="checkbox"/> Debris <input type="checkbox"/> Erosion	3
Control Section	<input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Rock <input type="checkbox"/> Soil <input type="checkbox"/> Culvert <input type="checkbox"/> Unstable	4-
Spillway dimensions	Width ___ Depth ___ Gradient ___ <input type="checkbox"/> Survey Attached <u>last year</u>	-
Flashboards/Gate	<input checked="" type="checkbox"/> None <input type="checkbox"/> In place <input type="checkbox"/> Operational <input type="checkbox"/> Deteriorated	
Discharge Channel	<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Trees/brush <input type="checkbox"/> Leakage <input type="checkbox"/> Headcutting (___ feet from spillway control section, depth ___ feet.)	4-
Stilling basin	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Minor Erosion <input type="checkbox"/> Severe Erosion/Undercutting	4
Aux. Spillway	<input type="checkbox"/> Yes <input type="checkbox"/> No (use "Detail" below)	
Detail:	<u>large boulders base of spillway</u>	

Seepage/Leakage		Rating
Serious conditions	<input type="checkbox"/> Leakage <input type="checkbox"/> Piping <input type="checkbox"/> Discolored water <input type="checkbox"/> Boils <input type="checkbox"/> Other <input type="checkbox"/> None	4
Locations*	<input checked="" type="checkbox"/> No evidence <input type="checkbox"/> Center <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Around pipe <input type="checkbox"/> On dam	-
Flow	<input checked="" type="checkbox"/> Wet vegetation <input type="checkbox"/> Spongy <input type="checkbox"/> Standing water <input type="checkbox"/> Flow ___ gpm	4
Toe drains	<input type="checkbox"/> None <input type="checkbox"/> Working <input type="checkbox"/> Damaged <input type="checkbox"/> Buried	-
Detail:		

Conduit	Control: <input type="checkbox"/> Manual <input type="checkbox"/> Power <input type="checkbox"/> Other <input type="checkbox"/> Conduit Control missing	Rating
Inlet	<input checked="" type="checkbox"/> Submerged <input type="checkbox"/> Debris on Trash Rack <input type="checkbox"/> Deterioration	—
Control/Stem	<input type="checkbox"/> Operable <input type="checkbox"/> Damaged <input checked="" type="checkbox"/> Missing <input type="checkbox"/> Inoperable <input type="checkbox"/> Unknown	2
Valve(s) cycling	<input type="checkbox"/> Frozen <input type="checkbox"/> Unknown <input type="checkbox"/> Past year <input type="checkbox"/> Frequent	—
Principal conduit	Diameter/Size: _____ Material <u>Steel</u> Condition <u>?</u>	—
Primary outlet	<input checked="" type="checkbox"/> Overgrown <input type="checkbox"/> Clean <input checked="" type="checkbox"/> Pressurized <input type="checkbox"/> Leaking <u>20</u> gpm	2+
Other outlet(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type(s) _____ Diameter(s) _____ in.	2+
Detail:		

Structure of dam	<input checked="" type="checkbox"/> Earth <input type="checkbox"/> Rock <input type="checkbox"/> Concrete <input type="checkbox"/> Other	Rating
Distress	<input type="checkbox"/> Cracks - offset _____ in <input type="checkbox"/> Landslide(s) <input type="checkbox"/> Sinkhole(s) <input checked="" type="checkbox"/> Crest Settlement <input type="checkbox"/> Narrow crest <input type="checkbox"/> Wave erosion <input type="checkbox"/> Trampling <input type="checkbox"/> Surface erosion <input type="checkbox"/> None	3-
Locations*		
Other	Describe _____	
Aux. dike (s)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> over 5	—
Seismic	<input type="checkbox"/> Designed for EQ <input checked="" type="checkbox"/> Priority for analysis <input type="checkbox"/> Liquifaction/deformation potential <u>?</u>	2
Animals	<input type="checkbox"/> Nutria <input type="checkbox"/> Badger Other _____ <input type="checkbox"/> Unknown	Rating
Burrows	<input type="checkbox"/> Observed max diameter _____ in max depth _____ ft <input type="checkbox"/> Trails <input checked="" type="checkbox"/> None	7
Locations*		
Vegetation		Rating
Cover	<input type="checkbox"/> Low grass <input type="checkbox"/> high grass <input checked="" type="checkbox"/> brush <input type="checkbox"/> blackberries <input type="checkbox"/> small trees <input type="checkbox"/> large trees	
Locations*	<u>blackberries toe</u>	3
Impairs inspection	<input type="checkbox"/> toe seepage <input type="checkbox"/> conduit outlet <input type="checkbox"/> spillway <input type="checkbox"/> upstream face <input type="checkbox"/> downstream face	
Detail:		

*Locations -- Upstream face, Crest, Downstream face, Left and Right abutments, Toe

Emergency Action Plan	Created: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Revision Date _____ Located On-site: Yes No	Rating
Inundation mapping type	<input type="checkbox"/> Sunny Day <input checked="" type="checkbox"/> Intermediate <input type="checkbox"/> PMF <input type="checkbox"/> None	4
Emergency Classification	Outlined in EAP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Possible Failure Mode(s): _____	4
Emergency Communication	Outlined in EAP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are contacts up to date: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4
EAP Exercise & Review	Frequency _____ Date last exercised/reviewed <u>None</u>	3

Expedited Re-inspection Needed: ☐ Next Inspection Date: 2010

Other Issues or Additional Detail Needed:
